



## NOTICE OF TRANSFER OR DISCHARGE REQUEST FOR HEARING

State Form 49831 (R3/3-05)

Indiana State Department of Health-Division of Long Term Care

Use this form to notify the Indiana State Department of Health that you wish to appeal your transfer/discharge. If you want to appeal the transfer or discharge, you must send the Notice of Transfer or Discharge (SF 49669) and the Request for Transfer or Discharge Request for Hearing (SF 49831) to the Department of Health within 10 days of your receiving the notice of transfer or discharge from the facility to:

Director, Transfer/Discharge Program  
Indiana State Department of Health  
2 North Meridian Street – Section 4-B  
Indianapolis, Indiana 46204

*I hereby request a hearing on the decision to transfer or discharge me from the nursing home where I presently live.*

Resident's signature (**MUST** be signed by Resident or Resident's **Legal** Representative)

Printed name of Resident

Resident's **Legal** Representative's Name

Address

Telephone Number

Facility Name

Address

City

State

Zip Code

Facility Telephone Number

## NURSING FACILITY BED HOLD POLICY\*

*\*Applies to Transfers or Therapeutic Leave only*

*\*The facility's Bed Hold Policy MUST be provided to the Resident, Resident's Family Member, and the Resident's Legal Representative, if applicable, in written form prior to transfer to a hospital, or prior to resident beginning therapeutic leave, in duration of 24 hours or longer.*

Bed Hold Policy provided to \_\_\_\_\_ on \_\_\_\_\_  
Name of Resident  
Date

Bed Hold Policy provided to \_\_\_\_\_ on \_\_\_\_\_  
Name of Family Member  
Date

Bed Hold Policy provided to \_\_\_\_\_ on \_\_\_\_\_  
Name of Resident's Legal Representative  
Date

*The bed-hold policy under the Family and Social Services Administration, Office of Medicaid Policy and Planning (405 IAC 5-31-8) is:*

*Reservation of nursing facility beds. Although it is not mandatory for facilities to reserve beds, Medicaid will reimburse for reserved beds for Medicaid recipients at one-half the per diem rate provided that the criteria set out in 405 IAC 5-31-8 is met.*

*(A) Hospitalization:*

- (i) Hospitalization must be ordered by the physician for treatment of an acute condition that cannot be treated in the nursing facility.*
- (ii) The total length of time allowed for payment of a reserved bed for a single hospital stay is 15 days.*

*(B) Therapeutic leaves of absence:*

- (i) A leave of absence must be for therapeutic reasons, as prescribed by the attending physician and as indicated in the recipient's plan of care.*
- (ii) The total length of time allotted for therapeutic leave in any calendar year is 30 days. The leave days need not be consecutive.*

*(C) Medicaid will not reimburse a nursing facility for reserving beds for Medicaid recipients when the nursing facility has an occupancy rate of less than ninety (90) percent.*

*Although prior authorization by the office is not required to reserve a bed, a physician's order for the hospitalization or therapeutic leave must be on file in the nursing facility.*

**The bed hold policy of this nursing facility is:**

**If you have any questions regarding this Bed Hold Policy, you may contact:**